

PSS Center for Independent Living:

Evaluation of the Residential

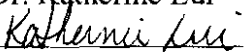
Service Program

By

Ralph Karl

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Dr. Katherine Lui  
  
Investigating Advisor

The Graduate School  
University of Wisconsin-Stout  
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**The Graduate School  
University of Wisconsin-Stout  
Menomonie, WI**

**Author:** Karl, Ralph

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**ABSTRACT**

This study investigated the Residential Service Program of the PSS Center for Independent Living. The purpose was to evaluate the effectiveness of the program in preparing individuals with disabilities for independent living and to determine whether the program was meeting its stated objectives. It identified areas of weaknesses and made suggestions for improvement.

Three sets of survey instruments were addressed in the study; namely, the client-survey instrument; the employee survey instrument, and the community leader survey instrument. Each survey instrument gathered responses from the perspectives of targeted population to answer the research questions. An observation of the facility was made to determine whether correct procedures were being followed by employees in conducting their duties and tasks.

The study found that while the program was generally being implemented as planned, minor adjustments were needed to improve the overall delivery of program services. About

89.9% of all employee-respondents were either undecided or agreed that the program needed more qualified employees; 88.9% were undecided on whether the program needed more activity services; more life satisfying services; or more personalized services; and 20% of all client-respondents were either undecided or dissatisfied with the way things were going.

On the whole, the findings of the study suggest that, respondents of all categories perceived the program as meeting its stated objectives and goals and were sufficiently satisfied with their experiences and roles in the program. Program clients were particularly very satisfied with the program. About 100% of all client-respondents said they felt both psychologically and physically better than they did one year ago; were more physically active as compared to their physical situation prior to enrollment in the program; and there was always someone available to help when there was need.

### Acknowledgements

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## Chapter I: Introduction

Independent living is a philosophy and a movement of people with disabilities who work for self-determination, equal opportunities, and self-respect. It is their belief that, individuals have more opportunities for resources if they are afforded the ability to choose and ensure effective utilization of their skills and abilities. They also believe that, the key to successful life in the community is closely linked to the ability of the individual to be a productive, contributing member of that community (Ratzka, 2003).

Supported by the Civil Rights Act, Americans with Disabilities Act (ADA), Fair Housing Act, among others, the philosophy graduated into social services programs like Independent Living programs, Resident Homes, Group Homes, among others. The Civil Rights Act of 1964 (PL 88-352) laid the basic foundation for independent living philosophy. Besides dealing with issues of equal employment opportunities, voting rights, equal education, and fair housing, the Act addressed the issue of handicapped persons and public accommodation (Scott, et al, 2001). Other Acts that support the philosophy of independent living include

1. The Education Amendments Act of 1974 (PL 93-380);
2. Education Act of 1965;
3. Education Amendments of 1974, PL 93-380); and
4. The Rehabilitation Act of 1978.

Under the theoretical framework of these acts, Peoples' Social Services (PSS) was established to offer programs with identifiable benefits to people with disabilities, their families, and their communities. These benefits include but not limited to:

1. Support and encouragement arising from interactions with others having shared experiences;



2. Encouragement through collaboration in training and therapy;
3. Effective identification and management of adverse behaviors;
4. Improved personal and family relationship;
5. Advancement of higher functional achievements and problem solving skills; and
6. Improved chances of integration to the community as independent employable citizens.

### *Statement of the Problem*

The Residential Services Program for adults and children at the PSS was designed to maximize independence, productivity and leadership potential of individuals with disabilities and then integrate them into their respective communities. Since its inception in 2001, the program has not been evaluated to determine its effectiveness in terms of whether it is meeting its stated objectives.

### *Purpose of the Study*

The purpose of the study was to evaluate the effectiveness of the PSS services program in preparing individuals with disabilities for independent living and to determine whether the program was meeting its stated objectives.

### *Research Questions*

The purpose of the study will be achieved by the following research questions:

1. Is the program meeting its stated objectives?
  2. What are the strengths and weaknesses of the program?
  3. What are the satisfaction levels of the program participants?
  4. Does the program provide a variety of services and activities that allowed participants to choose services and/or activities of their preference?
-

5. Is the facility adequately staffed?
6. Are family members encouraged to visit?
7. Are staff members courteous to residents?
8. Does management respond to concerns raised by clients?

#### *Significance of the Study*

Ideally, the study was significant because its findings and recommendations were expected to provide:

1. Program managers, policy makers and planners with necessary information to determine program effectiveness with respect to how implementation strategies dovetail with the program design, goals and objectives;
2. The basis for continuous improvement;
3. Information to program personnel and others on aspects of the program that work well and potential problem areas;
4. Information that would lead to detection of problems early in the program so they could be corrected before serious problems occur;  
Information on what technical assistance that may be needed; and
5. Information that would be used in determining what impacts (positive or negative) the program has on participants and the community.

#### *Limitations of the Study*

Respondents in the study were program participants, employees and community leaders. Each client had a different type of disability and all were on individualized treatment arrangements known as individual support plan (ISP). The goal of the PSS program was to maximize independence, productivity and leadership potential of the clients so they could be

integrated back into their communities as independent, responsible, and productive citizens on completion of the program.

Since clients had different types of disabilities, were on different treatment plans, and the program was well defined in terms of goals and objectives, it would be assumed that, clients of other residential service programs may equally have different disability problems, different treatment methods, and their programs may significantly differ from the PSS program in terms of goals and objectives. Therefore, the findings of this study cannot be generalized beyond the PSS residential program.

#### *Assumptions of the Study*

The first assumption was that, respondents provided honest and accurate information for the study.

The second assumption was that, information gleaned from the PSS internal records (applications, memos, minutes, ISP records, and placement records), and observations of employee conduct, processes and procedures were correct.

The third assumption was that, information gleaned from public records (Better Business Bureau, Police reports, etc.) were correct.

#### *Definition of Terms*

For the purpose of this study, the following terms were used as defined below:

*Convenience Sampling.* “A convenience sample consists of a group of individuals that is readily available for data collection” (Suvedi, 2007, p. 1)

*Disability.* “Inability to engage in any substantial gainful activity by reason of any medical determinable physical or mental impairment which can be expected to result in death or

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available for sampling be sampled, and those not readily available for sampling be excluded from the sample size. Under such framework, only caregivers, clients, and community leaders who were readily available were sampled.

### *Procedures*

A cover letter was written in compliance with the Institutional Review Board (IRB) guidelines for the Protection of Human Subjects in research. The cover letter, the survey instruments and chapter one of the study were submitted to the IRB office for approval. When the IRB approval was granted, both the cover letter and the survey instrument were distributed to the respondents through post office mail. A week later, a letter of reminder and the survey instrument were again distributed to respondents soliciting their cooperation in completing the survey

### *Data Analysis*

The method used for primary data analysis was descriptive statistics – measures of central tendency (mean, median, mode), and measures of variability (range, variance, and standard deviation).

## Chapter II: Review of the Literature

### *Introduction*

As stated earlier, the purpose of this study was to determine the effectiveness of the PSS program in preparing people with disabilities for independent living. Independent Living is defined as “a philosophy, a way of looking at disability and society, and a worldwide movement of disabled people who proclaim to work for self determination, self-respect, and equal opportunities” (Wikipedia Encyclopedia, 2006, p. 1). It is a “well-organized movement among people with disabilities to enhance self-esteem and self determination, as well as the socio-economic resources available to choose and maintain individual, independent lifestyles” (Web Dictionary, 2006, p. 1).

### *History of Independent Living in the United States*

Though the disability rights movements originated in Hartford, Connecticut, when the American School for the Deaf was founded in 1817 (A Chronology of the Disability Rights Movement, 2006, p. 1.), many historians have traced the origin of the movement to the civil rights era of the 1960s. According to McDonald and Oxford (1992),

the history of independent living is closely tied to the civil rights struggles of the 1950s and 1960s among African Americans. Basic issues – disgraceful treatment, based on bigotry and erroneous stereotypes in housing, education, transportation, and employment – and the strategies and tactics are very similar.” (p. 1).

“Like the African-Americans who sat in at the segregated lunch counters and refused to move to the back of the bus, people with disabilities sat in federal buildings, obstructed the movement of inaccessible buses, and marched through the streets to protest injustice” (Mayerson, 1992, p. 1).

According to McDonald, et al, (1992), the movements that precipitated the disability rights movement included:

1. *Social Movement* – these were deinstitutionalization movements that attempted to move people with developmental disabilities out of institutional facilities back to their communities. The theoretical framework behind deinstitutionalization was that, if people with disabilities were expected to behave normal, they must live in normal settings;
2. *The Civil Rights Movement* – this movement did not include people with disabilities but it helped them realize that, people could achieve their fundamental rights, at least in law, as a class;
3. *The Self-Help Movement* – the theory behind self-help movement was that, people with similar disabilities were more likely to assist and to understand each other than individuals who did not share similar experiences;
4. *De-Medicalization Movement* – this movement advocated a shift away from authoritarian medical models to a paradigm of individual empowerment and responsibility for defining and meeting their own needs; and
5. *Consumerism* – the consumer movement questioned product reliability and price. The theory behind consumerism was that, consumers of goods and services should have control over the choices and options available to them. (p. 1).

Besides protesting injustices in public places disability rights movement sought justice in courts and in congressional buildings (Myerson, 1992, p. 1). While the Civil rights Act of 1964 (PL 88-352) addressed issues of basic human rights, workplace responsibilities, and

discrimination in public places, the Rehabilitation Act of 1973 (PL 93-112) was the first act to specifically deal comprehensively with the issues of people with disabilities.

Coppelman (1977) asserted that the Rehabilitation Act of 1973 was divided into seven major subparts, namely:

1. general provisions;
2. employment practices;
3. program accessibility;
4. elementary and secondary education;
5. post secondary education;
6. health, Welfare, and Services; and
7. enforcement procedures (p. 1).

*General Provisions.* This section provided the definitions and terminologies used in the Act; the list of discriminatory actions against the disabled that were being prohibited; and the definition of the term ‘qualified handicapped person’. It also prohibited recipients or applicants for federal financial assistance from discriminating against qualified handicapped persons.

*Employment Practices.* This subpart of the Act prohibited discrimination “in all employment practices, including job application procedures, hiring, firing, advancement, compensation, training, and other terms, conditions, and privileges of employment; layoff, advertising, tenure, leave, fringe benefits, and all other employment-related activities” (*Americans with Disabilities Act, Questions and Answers*, 2006, p. 2). Section 503 imposed affirmative action requirements on contractors with federal contracts in excess of \$2500, and specified that they provide reasonable accommodation for interested handicapped persons (Scott, et al, 2001, p. 220).

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Section 504 prohibited discrimination in private or public program or activity receiving federal funding. It specified that “no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance” (Coppelman, 1977, p. 1). Though each federal agency has its own set of section 504 regulations that govern its own activities, some requirements are common to all regulations. These common requirements include (*A Guide to Disability Rights Laws*, 2005):

1. reasonable accommodation for employees with disabilities;
2. program accessibility;
3. effective communication with people who have hearing or vision disabilities; and
4. accessible new construction and alterations

Section 504 regulations have also prohibited employers from “using tests and selection criteria that are not job-related which would tend to screen out handicapped persons” (Coppelman, 1977, p. 3). Under same provision, employers were required to:

1. provide opportunities, benefits aid, or services for handicapped persons equal to those provided for the non-handicapped;
2. provide aids, benefits, and services for the handicapped in the same setting as the non-handicapped except in cases where effectiveness would be compromised;
3. provide equal treatment and services in recruitment, training, promotion, and compensation for the handicapped; and
4. provide barrier-free environments to ensure facility and program accessibility (Scott, et al, 2001, p. 220).



Under section 503 and 504 requirements, the term ‘individual with disability’ does not include “any individual who is an alcoholic whose current use of alcohol prevents them from performing the duties of the job or whose employment by reason of abuse of alcohol would constitute a direct threat to property or safety of others” (Rehabilitation Act Amendment, 1973, p. 12). The term also does not include an individual who currently has “a contagious disease or infection and who, by reason of such disease or infection would constitute a direct threat to the health or safety of other individuals or who, by reason of the current contagious disease or infection, is unable to perform the duties of the job” (p. 12).

*Program Accessibility.* This subpart of the Act specified that “a public entity must ensure that individuals with disabilities are not excluded from services, programs, and activities because existing buildings are inaccessible” (Americans with Disabilities Act Questions and Answers, 2006, p. 12). Accessibility to public buildings or facilities could be provided in many ways “including alteration of the existing facilities, acquisition or construction of additional facilities, relocation of a service or program to an accessible facility, or provision of services at alternate accessible site” (p. 12).

*Elementary and Secondary Education.* This subpart required both public and private schools that receive federal funding to “provide a free appropriate public education to each qualified handicapped person in its jurisdiction, regardless of the nature of severity of the person’s handicap” (Coppelman, 1977, p. 4). It also specified that handicapped students be “educated with non-handicapped students in the regular educational environment to the maximum extent appropriate to the needs of the handicapped person, unless the school can demonstrate that the education of the handicapped person cannot be achieved in the regular environment with the use of supplementary aid and services” (p. 4).

*Post Secondary Education.* This subpart included regulation covering admission, recruitment, treatment of students, academic adjustment, housing financial and employment assistance of students, and non-academics in post-secondary institutions that receive federal funding. “Thus, admissions tests may not be used that have a disproportionate adverse effects on handicapped persons and must be administered in such a way as to insure that the test accurately reflects the applicant’s aptitude and achievement level, rather than any sensory, manual or speaking impairment” (Coppelman, 1977, p. 5).

All services that the institution provides to non-handicapped students must equally be provided to handicapped students; namely, housing, insurance, employment opportunities, counseling, physical education and other extracurricular activities. The institution must also provide necessary academic and structural modifications to accommodate all students with disabilities (Coppelman, 1977).

*Enforcement Procedures.* The Office of Civil Rights (OCR) in the Department of Health, Education and Welfare (HEW) was charged with the responsibility of enforcing at least section 504 of the Act. Enforcement procedures were the same as those used to enforce Title VI of the Civil Rights Act (Coppelman, 1977).

Over the years, the Rehabilitation Act of 1973 (PL 93-112) has been severally amended to better dovetail with the emerging needs of the individuals with disabilities, therefore, information quoted directly from the first version of the Act may not totally be accurate when compared to the later versions of the Act due to variations in wording, additions, and adjustments that have been made; however, the theoretical basis for both the original version and the amended versions remains constant.

For example, section 504 of the later version of the act states that “no qualified individual with disabilities in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under any program activity that either receives federal financial assistance conducted by any executive agency or the United States Postal Service” (A Guide to Disability Rights Laws, 2005, p. 11). The original version of the same section states that “no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance (Coppelman, 1977, p. 5). Though both are saying the same thing, the wording is substantially different.

The Education Amendments of 1974 (PL 93-380) made several adjustments to the Elementary and Secondary Education Act of 1965. One of its most relevant adjustments was the inclusion of the handicapped students in the Act. The Act now requires institutions receiving federal financial assistance under Title 1 of the 1965 Act to develop Individualized Education Plans (IEP) for each handicapped child participating in the program. The Individuals with Disabilities Education Act (IDEA) or the Education for All Handicapped Children Act of 1975 (PL 94-142) requires:

1. Public schools to make available to all eligible children with disabilities a free appropriate public education in the least restrictive environment appropriate to their individual needs;
  2. Public school systems to develop appropriate Individualized Education Programs (IEP's) for each child. The specific special education and related services outlined in each IEP should reflect individualized needs of each student;
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3. Particular procedures are followed in the development of the IEP. Each student's IEP must be developed by a team of knowledgeable persons and must be reviewed at least annually; and
4. Parents who disagree with the proposed IEP to request a due process hearing and a review from the state educational agency if applicable in that state. The decision by the state agency may also be appealed to a state or a federal court. (A Guide to Disability Rights Laws, 2005, p. 7)

The grants provided to states and local governments under the IDEA Act covered education of handicapped children, research, new programs, early intervention, personnel training, and special education services. Grants were also awarded to public and non-profit organizations for preschool and early intervention demonstration programs to:

1. Facilitate the intellectual, physical, mental, social, speech, and language development;
2. Encourage parent or guardian participation;
3. Inform the community about disabled pre-school children; and
4. Offer training about model programs to state and local personnel who provided services for disabled children to age eight (Scott, et al, 2001, p. 223).

The Rehabilitation Act of 1978 authorized a program for individuals with disabilities under Title VII of the Act (McDonald, et. al, 1992). This program was called Independent Living Rehabilitation Services – consumer-controlled centers for independent living. It authorized funds to assist states, local governments and non-profit organizations in providing services to individuals with disabilities to enable them live and function more independently within their homes or communities (Rehabilitation Services Administration, 2004). Before this Act was enacted, Ed Roberts and Judith Heumann,

former assistant secretary of the Office of Special Education and Rehabilitation Services (OSERS) in the United States Department of Education, had established the first independent living center in Berkeley, California in April 1972. The Center was initially funded by private sources before it was subsequently supplemented by grants from the Rehabilitation Services Administration (CESSI, 2003).

Since the enactment of the Rehabilitation Act of 1978, other relevant acts in support of the independent living philosophy have been enacted by the United States Congress. The most relevant of these include:

1. The Amendments to the Rehabilitation Act of 1983 – provides for the client assistance program (CAP); an advocacy program for consumers of rehabilitation and independent living;
2. The Mental Illness Bill of Rights Act of 1985 – provides protection and advocacy services for people with mental illness;
3. The Civil Rights Restoration Acts of 1988 – clarifies the original intent of Congress under the Rehabilitation Act and effectively prohibits discrimination in any program or service that is a part of any entity receiving federal funding directly or indirectly;
4. The Air Carrier Act of 1988 – prohibits discrimination on the basis of disability in air travel, and provides for equal access to air transportation services;
5. Fair Housing Amendment Acts of 1988 – prohibits discrimination in housing against people with disabilities and families with children; and
6. Americans with Disabilities Act of 1990 – provides comprehensive civil rights protection to people with disabilities (McDonald, et al, 1992, p. 3)

### *The PSS Program*

According to Title VII, Chapter 1 of the Rehabilitation Act, the purpose of independent living programs is:

...to promote a philosophy of independent living, including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and systems advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities and the integration and full inclusion of individuals with disabilities into the mainstream of American Society.” (CESSI, 2003, p. 1)

Under this theoretical framework, PSS residential program for independent living was established to offer identifiable benefits to children, adults, and people with special needs, their families, and their communities. Though PSS offers many residential programs for children and adults, only the residential service program for independent living at location X was evaluated by this study. Many of its programs provide “services to older adults, people with developmental disabilities or chronic mental illness, criminal offenders, teens, people who are chemically dependent, and many others” (PSS Manual, p. 1). PSS programs and services are designed around the needs of individual clients and their families. Residential settings range from private residences where services are provided to group homes and apartments. The major goal for PSS residential programs is to provide a thriving environment for clients to grow, maintain their dignity, and experience the love of and support they need and deserve (p. 1).

### Chapter III: Methods and Procedures

The purpose of this study was to evaluate the PSS residential program for independent living; identify its procedures, processes, and determine whether the program was meeting its stated objectives. This chapter provides an overview of the research methodology – research design, data gathering, data processing, and data analysis techniques –employed to arrive at the findings.

#### *Research Design*

Since the focus of the study was to determine the effectiveness of the program, the researcher sought and received the list of former and current program participants (clients) and employees who currently work at the facility where the program is being implemented. There were 9 employees, 7 current participants, 8 previous participants, and 7 community leaders for a total of 31 potential respondents.

The survey instruments were designed to gather demographic information about the program participants and employees, their opinions, experiences and perceptions about the program and an observation checklist was designed to gather information regarding employee behaviors towards program participants, and the procedures and processes they used in executing their duties. Three separate questionnaires for employees, clients, and community leaders were designed to gather specific information about respondents in each category. Though the survey instruments targeted different groups of respondents, the overall objective of the study remained constant – to determine whether the program was meeting its stated goals and objectives, and whether correct procedures were being employed in implementing the program.

### *Subjects*

The subjects in the study were of three categories, namely: individuals who currently receive or had received direct care and training on independent living skills from the PSS residential service program; counselors and aids who currently provide direct care and services to program participants; and local leaders who are perceived to be in a position to make informed determinations regarding the impacts of the program on the community.

While the primary factors that motivated the participants to enroll in the PSS program are being investigated by the study, it was assumed that, the benefits of independent living programs – real or imagined – as expounded by the government and independent living advocates might have led them to their decisions to enroll in the program. The perceived benefits of independent living programs are already enumerated in Chapter Two.

### *Sample Selection*

A list of program participants, employees and community leaders was obtained from PSS management. There were 31 people on this list. Given that 31 was not a large number, the entire list was used as a sample for the study. Therefore, the sampling method used in this study was convenience sampling.

### *Instrumentation*

The survey questions and the observation checklist (see Appendix A) were designed to gather information from program participants, employees, and community leaders that could be used to:

1. determine whether correct procedures were employed in implementing the program;
2. determine whether the program was meeting its stated objectives; and
3. make changes in areas where the program was identified to have weaknesses.



Three different survey instruments were used in this study; one for each group of respondents, namely: clients; employees; and the community leaders. The survey instrument for the clients comprised four sections – the demographic section; life satisfaction section; activity limitation section; and the section for personal experiences. Given the smallness of the sample in this study, the need for respondents' privacy overrode the desire for detailed demographic information; therefore, the demographic section consisted only of question 1. This question sought information about respondents' age. Responses to this question were expected to provide statistical information for administrative purposes.

The life satisfaction section consisted of question 2. This question sought to establish the client satisfaction level in the program. Responses to this question would help in determining how effectively the PSS program is meeting its objectives. The activity limitation section consisted of question 3. This question sought to identify the types of activities that the client could or could not effectively perform. Responses to this question were expected to aid in deterring the methods and procedures the program was utilizing in meeting some of its objectives. The section on personal experiences consisted of questions 4 and 5. These questions sought to identify the perceived experiences of clients in the PSS residential program for independent living. Responses to questions were expected to help in determining whether the program was meeting its objectives.

The employee survey instrument was not clearly partitioned into subsections, but question 1 sought demographic information about employees. Questions 2, 3, and 4 sought information about employees' professional and academic qualifications, professional experiences, job titles and duties. Responses to these questions were intended to help in determining whether the employees were professionally qualified to train individuals with

disabilities in independent living experiences. While question 5 sought information about strengths and weaknesses of the program question 6 sought information regarding overall quality of services provided by the program.

The community leader survey instrument was similarly not dichotomized into subsections but question 1 equally sought demographic information about the community leaders. Questions 2 and 3 were designed to gather information about the perceived strengths and weaknesses of the program. Responses to these questions were intended to provide information that would lead program managers to areas of the program that needed improvements. Each copy of the survey instrument is exhibited in Appendix A.

While the survey instruments were generally designed to address all major aspects of the PSS program, responses to some of the survey questions were intended to address specific research questions as exhibited in the Matrix of Research Questions by Survey Questions in Table 1. The first research question – what were the demographic characteristics of the program participants? – was addressed by responses to client survey instrument questions 1.

The second research question – was the program meeting its stated objectives? – was addressed by responses to questions 2 and 5 of client survey instrument, questions 2, 3, and 6 of employee survey instrument, and question 2 of community leader survey instrument. The third research question – what were the strengths and weaknesses of the program? – was addressed by responses to questions 3 and 4 of the client survey instrument, question 5 of the employee survey instrument and question 3 of the community leaders' survey instrument. Responses to questions 2 and 5 of the client survey instrument were intended to address the fourth research question – what were the satisfaction levels of the program participants?

Responses to question 4 of the client survey instrument and question 4 of the employee survey instrument were designed to address the fifth research question – did the program provide a variety of services and activities that allowed participants to choose services and/or activities of their preference? Responses to questions 5 of the employee survey instrument were intended to address the sixth research question –was the facility adequately staffed?

Table 1

*Matrix of Research Questions by Survey Questions*

Research Questions		Survey Questions		Ob Checklist
Client Questions		Employee Questions	Com. Leader Questions	
1	3, 4	-	2	-
2	-	5	3	-
3	2, 5	-	-	-
4	4	4	-	x
5	-	2, 5	-	x
6	4	-	-	x
7	2	4	-	x
8	2, 4	3	-	-

The seventh research question – were family members encouraged to visit? – was addressed by responses to questions 4 of the client survey instrument. Responses to question 2 of the client survey instrument and question 4 of the employee survey instrument addressed the eighth research question. And the ninth research question was intended to be addressed by responses to

questions 2 and 3 of the employee survey instrument and questions 3 and 4 of the client survey instrument. Observation Checklist addressed research questions 4, 5, 6, and 7.

*Procedures*

Three different survey instruments were designed to gather information from program participants, employees, and community leaders about the PSS independent living program. These were the client instrument; the employee survey instrument; and the community leader survey instrument. A cover letter was written in compliance with the Institutional Review Board (IRB) current guidelines for the protection of human subjects in research. The cover letter, the survey instruments, and chapter one of the study were submitted to the IRB office for approval. The approval was granted on March 21, 2008. Both the cover Letter and the IRB letter of approval are exhibited in Appendix B.

Table 2

*Sample Selection Process*

Sample Information	Return
Number of participants provided by PSS Management	31
Number of participants who got sample instrument	31
Number of participants who completed and returned survey instrument	29
Actual number of participants who failed to return survey instrument	2
Rate of return for the survey	29/31= 93.5%

The survey instruments and the cover letter were distributed on May 14, 2008 to the 31 individuals identified by the PSS management as participants in the study; and 29 respondents completed and returned their survey instruments on May 30, 2008. Based on the sample size of

31 and the number of participants who completed and returned the survey instrument, the rate of return for the survey was 70%. Table 2 exhibits the sample selection process.

### *Limitations*

Only current clients and direct care employees of the PSS Independent Living Program and individuals identified as current community leaders were surveyed. Clients had different disability problems and all were on individualized treatment arrangements known as individual support plan (ISP).

Since clients had different disability problems, were on different treatment plans, and the program had clear objectives and goals, it would be assumed that, clients of other residential service programs may equally have different disability problems, different treatment methods, and their programs may significantly differ from the PSS program in terms of goals and objectives. Besides, the survey instrument (non-probability sampling) used in the study dictated that the findings of the study should not be generalized.

## Chapter IV: Results and Discussions

The method used for data analysis in this study was descriptive statistics – measures of central tendency (mean, median, mode), and measures of variability (range, standard deviation, variance). The data collected were all statistically analyzed and represented in descriptive statistics, percentages, and graphs. This presentation pattern was to ensure that results of the findings were clearly communicated to the reader.

### *Demographic Information*

The population for this study comprised all the 31 people who were identified by the company officials as clients, employees, and community leaders. Of the 31 participants, 29 completed and returned their survey instrument to be included in the study and two failed to return their survey instrument. The rate of return for the survey instrument was 93.5%.

### *Questionnaire Findings*

The results of the study were presented according to the order of the questions in the survey instruments (Employee instrument, client instrument, and community leader instrument), starting from the demographic questions to ensure consistency and ease of understanding.

The age of employee respondents in the study varied from younger than 25 years to over 45 years as shown in Table 3. About 33.3% of the total respondents were 25 years old or younger; 11.1% were 26-30; 33.3% were 31-35; 11.1% were 36-40; and 11.1% were 41-45. In question 2, employees were asked to indicate their highest professional and/or academic qualification. About 66.67% of the total respondents indicated that, their highest academic qualification was a high school diploma/ GED, while 33.3% had a two-year college degree.

Table 3  
*Age of Employee Respondents*

Age	Frequency	Percentage
25 or younger	3	33.3%
26-30	1	11.1%
31-35	3	33.3%
36-40	1	11.1%
41-45	1	11.1%
Total	9	100%

Responses to the question regarding job title of respondents are shown is Table 4 below.

About 22.2% of the total respondents were overnight asleep workers while 77.8% were counselors.

Table 4  
*Respondents' Job Title*

Job Title	Frequency	Percentage
Overnight asleep	2	22.2%
Counselor	7	77.8%
Total	9	100%

In question 4, employees were asked to identify their job duties at the PSS residential independent living program. Their responses were tabulated as shown in Table 5. About 100% of all respondents participated in home management and bill payment; 78% participated in Meal

preparation and delivery; 77.8% Shopping and groceries; 66.6% Counseling and medication; and 55.5% Laundry and ironing. The least performed duties or services were: Family meetings with 00.0% participation; Telephone assistance 11.1% participation; Errands and companionship 11.1% participation; Job skills and employment 33.3%; Independent living skills training 44.4%; and Leisure/recreation 44.4%.

Table 5

*Job Duties of Respondents*

Age	Frequency	Percentage
Independent living skills	4	44.4%
Meal Pre/delivery	7	77.8%
Personal care	5	55.6%
Counseling/medication	6	66.7%
Laundry/ironing	5	55.6%
Shopping/ groceries	7	77.8%
Leisure/recreation	4	44.4%
Job skills/employment	2	22.2%
House keeping	3	33.3%
Telephone assistance	1	11.1%
Home management/Bill payment	9	100%
Errands	1	11.1%
Family meeting	0	00.0%



In Question 5, employees were asked to identify strengths and weaknesses of the program. Their responses were tabulated as shown in table 6 below.

Table 6

*Employee Perception of Strengths and Weaknesses of the Program*

SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree					
Strengths/Weaknesses	Rating				
	SD	D	U	A	SA
Needs more activity services	0 (0%)	1 (11.1%)	8 (88.9%)	0 (0%)	0 (0%)
Needs more life satisfaction services	0 (0%)	1 (11.1%)	8 (88.8%)	0 (0%)	0 (0%)
Needs more personalized services	0 (0%)	1 (11.1%)	8 (88.9%)	0 (0%)	0 (0%)
Needs more qualified employees	0 (0%)	0 (0%)	5 (55.6%)	3 (33.3%)	1 (11.1%)

About 11.1% of respondents disagreed that the program needed more activity services while 88.9% were undecided; 11.1 % disagreed that the program needed life satisfying services while 88.9% were undecided on the matter; 11.1% disagreed that the program needed more personalized services, and 88.9% were undecided. As to whether the program needed more qualified employees, 44.4% agreed/strongly agreed that the program needed more qualified employees and 55.6% were undecided on the matter.

In question 6, employees were asked how they would rate the overall quality of provided by their co-workers. Their responses were tabulated Table 7 below. About 55.6% of the total respondents indicated that the quality of services offered by their co-workers exceeded industry standards while 44.4% said it met industry standards.

Table 7  
*Overall Quality of Services Provided by Co-Workers*

Job Title	Frequency	Percentage
Exceeds industry standards	5	55.6%
Meets industry standards	4	44.4%
Below industry standards	0	00.0%
Total	9	100%

In question 1 of the Client Survey Instrument, respondents were asked to indicate the range of their age. Their responses varied from 26-30 years to over 51 years as shown in Table 8 below. About 6.7% of the total respondents were 26-30 years old; 13.3% were 31-35; 26% were 36-40; 20% were 41-45; and 20% were 46-50; and 13.35 were 51 years or older.

Table 8  
*Age of Clients Respondents*

Age	Frequency	Percentage
26-30	1	6.7%
31-35	2	13.3%
36-40	4	26.7%
41-45	3	20.0%
46-50	3	20.0%
51 or older	2	13.3%
Total	9	100%

In Question 2, respondents were asked to rate their satisfaction levels with the PSS program. Their responses were tabulated as shown in Table 9 below.

Table 9

*Life Satisfaction Levels*

SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree					
Key factors	Rating				
	SD	D	U	A	SA
Satisfied with things	0 (0%)	2 (13.3%)	1 (6.7%)	5 (33.3%)	7 (46.7)
Deal with daily living improved	0 (0%)	1 (6.7%)	2 (13.3%)	6 (40%)	6 (40%)
Always someone to help me	0 (0%)	1 (6.7)	0 (0%)	6 (40%)	8 (53.3%)
I feel psychologically secured	0 (0%)	0 (0%)	1 (6.7%)	5 (33.3%)	9 (60%)
I am now physically active	0 (0%)	0 (0%)	0 (0%)	5 (33.3%)	10 (66.7%)

Data from these responses were used to compute measures of central tendency and variability of the responses. Mean and standard deviation values were then extracted from those computations and tabulated as shown in Table 10. Of all respondents, 100 % agreed or strongly agreed that they were now physically active as compared to their physical situation prior to enrollment into PSS Independent Living Program; 93.3% agreed or strongly agreed that they were psychologically secured; 93.3 % agreed or strongly agreed that there was always someone available to help when there was need; 80% percent agreed or strongly agreed that their ability to deal with daily living had either improved or was improving; and 79.9% agreed or strongly agreed that they were satisfied with the way things were going.

The standard deviation values for these responses were: 1.060 for the way things are going; 0.915 for improved ability to deal with daily living; 0.828 for someone is always around

to help; 0.640 for psychological security; and 0.488 for physical activity. Therefore, considering the mean values relative to the standard deviation values, respondents were most satisfied with their physical activity and psychological security in the program.

Table 10

*Measures of Central Tendency and Variability for Life Satisfaction Levels*

Satisfaction Factors	Mean	Standard Deviation
Satisfied with the way things are going	4.13	1.060
Ability to deal with things has improved or is improving	4.13	0.915
There is always someone available to help when there is need	4.40	0.828
I feel psychologically secured	4.53	0.640
I am now physically active	4.67	0.488

In Question 3, respondents were asked to assess their functional capabilities with respect to their activity limitations. Their responses were tabulated as shown in Table 11. The mean and standard deviation values were then computed and tabulated as shown in Table 12. Of all respondents, 100 % agreed or strongly agreed that they could engage others in a meaningful discussion; 100% agreed or strongly agreed that, they could use telephone without assistance from a counselor; 93% agreed or strongly agreed that they were able to search for work without assistance. On average 93% of the total respondents agreed or strongly agreed that they were capable of performing each of the key activity limitation factors.

The standard deviation values for responses for the key limitation factors were: 0.507 for the ability to engage others in a meaningful discussion; 0.834 for the ability to drive efficiently; 0.828 for use of public transportation; 0.488 for the independent use of telephone;

0.816 for the ability to manage money; 0.852 for the ability to shop for personal items; 0.469 for ability to search for work; 0.832 for shave and brush; 0.828 for get in/out of the bed; 0.834 for bathe and shower; and 0.828 for ability to get to the toilet and use it the way things are going; 0.915 for improved ability to deal with daily living; 0.828 for someone is always around to help; 0.640 for psychological security; and 0.488 for physical activity.

Table 11

*Functional Capability Factors*

SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree					
Functional factors	Rating				
	SD	D	U	A	SA
Engage others in discussions	0 (0%)	0 (0%)	0 (0%)	6 (40%)	9 (60%)
Drive efficiently	0 (0%)	1 (6.7%)	0 (0%)	5 (33.3%)	9 (60%)
Use public transportation	0 (0%)	1 (6.7)	0 (0%)	6 (40%)	8 (53.3%)
Use telephone	0 (0%)	0 (0%)	0 (0%)	5 (33.3%)	10 (66.7%)
Manage my money	0 (0%)	1 (6.7%)	0 (0%)	7 (46.7%)	7 (46.7%)
Shop for personal items	0 (0%)	1 (6.7%)	0 (0%)	3 (20%)	10 (66.7%)
Search for work	0 (0%)	0 (0%0	0 (0%)	4 (26.7%)	10 (66.7%)
Shave and brush	0 (0%)	1 (6.7%)	0 (0%)	4 (26.7%)	10 (66.7%)
Get in/out of bed as need arises	0 (0%)	1 (6.7%)	0 (0%)	3 (20%)	11 (73.3%)
Bathe or shower as need arises	0 (0%)	1 (6.7%)	0 (0%)	5 (33.3%)	9 (60%)
Get to toilet and use it	0 (0%)	1 (6.7%)	0 (0%)	3 (20%)	11 (73.3%)

Table 12

*Measures of Central Tendency and Variability for Functional Capability Factors*

Functional Factors	Mean	Standard Deviation
Engage others in discussions	4.60	0.507
Drive efficiently	4.47	0.834
Use public transportation	4.40	0.828
Use telephone	4.67	0.488
Manage my money	4.33	0.816
Shop for personal items	4.57	0.852
Search for work	4.71	0.469
Shave and brush	4.53	0.834
Get in/out of bed as need arises	4.60	0.828
Bathe or shower as need arises	4.47	0.834
Get to toilet and use it	4.60	0.828

Considering the mean values relative to the standard deviation values, respondents were most satisfied with their improved ability to use telephone independently; search for work without assistance; and to engage others in meaningful discussions.

In Question 4, respondents were asked to rate quality of services provided by PSS according to their own perceptions. Their responses were tabulated as shown in Table 13. The mean and standard deviation values of these responses were computed and tabulated as shown in

Table 13

*Quality of Services Provided by PSS*

SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree					
Satisfied Quality Factors	Rating				
	SD	D	U	A	SA
Independent skill training	0 (0%)	0 (0%)	0 (0%)	6 (40%)	8 (53%)
Meal preparation and delivery	0 (0%)	0 (0%)	0 (0%)	8 (53%)	7 (46.7%)
Personal care	0 (0%)	0 (0%)	0 (0%)	8 (53%)	7 (46.7%)
Counseling and medication	0 (0%)	0 (0%)	0 (0%)	6 (40%)	9 (60%)
Laundry and ironing	0 (0%)	0 (0%)	0 (0%)	4 (26.7%)	11 (73.3%)
Shopping and groceries	0 (0%)	0 (0%)	0 (0%)	5 (33.3%)	8 (53.3%)
Leisure and recreation activities	0 (0%)	0 (0%)	0 (0%)	4 (26.7%)	11 (73.3%)
Transportation	0 (0%)	0 (0%)	0 (0%)	5 (33.3%)	9 (60%)
Information services	0 (0%)	0 (0%)	0 (0%)	7 (46.7%)	8 (53.3%)
Sewing and mending	0 (0%)	0 (0%)	1 (6.7%)	5 (33.3%)	8 (33.3%)
Letter writing	0 (0%)	0 (0%)	0 (0%)	5 (33.3%)	9 (60%)
Housekeeping	0 (0%)	0 (0%)	0 (0%)	5 (33.7%)	9 (64%)
Telephone assistance	0 (0%)	0 (0%)	0 (0%)	8 (53.3%)	6 (40%)
Home mgmt and bill payment	0 (0%)	0 (0%)	0 (0%)	7 (46.7%)	8 (53.3%)
Errands/companionship	0 (0%)	0 (0%)	0 (0%)	9 (60%)	6 (40%)
Bible studies/Church	0 (0%)	0 (0%)	0 (0%)	8 (53.3%)	7 (46.7%)
Family meetings	0 (0%)	0 (0%)	0 (0%)	7 (46.6%)	8 (53.3%)
Peer support	0 (0%)	0 (0%)	0 (0%)	7 (46.7%)	8 (53.3%)

Table 14

*Measures of Central Tendency and Variability for Personal Experiences*

Key Quality Factors	Mean	Standard Deviation
Independent skill training	4.47	0.640
Meal preparation and delivery	4.47	0.510
Personal care	4.47	0.516
Counseling and medication	4.60	0.570
Laundry and ironing	4.73	0.458
Shopping and groceries	4.40	0.737
Leisure and recreation activities	4.73	0.458
Transportation	4.58	0.640
Information services	4.53	0.516
Sewing and mending	4.33	0.900
Letter writing	4.53	0.640
Housekeeping	4.64	0.497
Telephone assistance	4.27	0.799
Home mgmt and bill payment	4.53	0.516
Errands/companionship	4.40	0.507
Bible studies/Church	4.47	0.516
Family meetings	4.53	0.516
Peer support	4.53	0.516
*Overall Average	4.5089	0.41683



Of the total respondents, 93-100% agreed/strongly agreed they were satisfied with the quality of all services provided except shopping/groceries and sewing/mending. About 86.6% of the total respondents agreed/strongly agreed they were satisfied with the quality of shopping/groceries; and 86.6% agreed/strongly agreed they were satisfied with the quality of sewing/mending provided by the PSS program. The standard deviation values for these responses ranged from 0.458 – 0.900. Considering the mean values of these responses relative to the standard deviation values, respondents were more in agreement on the leisure and recreation activities; laundry and ironing; housekeeping; and errands and companionship.

In question 5, respondents were asked if they felt psychologically and physically better than they did one ago; same as one year ago; or worse than one year ago. About 100% of all respondents said they felt both psychologically and physically better than they did one year ago.

In question 1 of the Community Leader Survey Instrument, respondents were asked to indicate the range of their age. Their responses varied from 36 - 45 years as shown in Table 15. About 20% of the total respondents were 36-40 years old, and 80% were 41-45 years old.

Table 15

*Community Leader Respondent Age*

Age	Frequency	Percentage
36-40	1	20%
41-45	4	13.3%

In question 2, respondents were asked to rate according to their perceptions of how the PSS program benefits the community. Their responses were tabulated as shown in Table 16. The mean and standard deviation values of these responses are tabulated in Table 17.

Table 16

*PSS Benefits to the Community*

SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree					
Benefits to the community	Rating				
	SD	D	U	A	SA
Fills gap in support to community	0 (0%)	0 (0%)	0 (0%)	4 (80%)	1(20%)
Provides services to the needy	0 (0%)	0 (0%)	0 (0%)	4 (80%)	1 (20%)
Contributes to well being	0 (0%)	0 (0%)	0 (0%)	5 (100%)	0 (0%)
Trains for independent living	0 (0%)	0 (0%)	0 (0%)	5 (100%)	0 (0%)
Helps the community save money	0 (0%)	0 (0%)	0 (0%)	5 (100%)	0 (0%)
Provides jobs	0 (0%)	0 (0%)	0 (0%)	5 (100%)	0 (0%)

Table 17

*Measures of Central Tendency and Variability for PSS Benefits to the Community*

Benefits to the community	Mean	Standard Deviation
Fills gap in support to community	4.20	0.447
Provides services to the needy	4.20	0.447
Contributes to well being	4.20	0.000
Trains for independent living	4.00	0.000
Helps the community save money	4.00	0.000
Provides jobs	4.00	0.000

About 100% of all respondents agreed or strongly agreed that the PSS program fills the gaps in support of the people in the community; provides services to people who need them; contributes to the well being of the community; trains individuals to live independently; saves money the community would have spent on services; and provides employment to community members. Considering the mean values of these responses relative to the standard deviation values, respondents were more in agreement that PSS program contributes to the well being of the community; trains individuals to live independently; saves money the community would have spent on services; and provides employment to community members.

In question 3, respondents were asked to identify weaknesses of the PSS program according to their perceptions. Their responses were tabulated in Table 18 and the mean and standard deviation values of these responses were tabulated in Table 19.

Table 18

*Perceived Weaknesses*

SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree					
Perceived weaknesses	Rating				
	SD	D	U	A	SA
Duplicates services	0 (0%)	4 (80%)	1 (20%)	0 (0%)	0 (0%)
Expensive to the community	0 (0%)	4 (80%)	1 (20%)	0 (0%)	0 (0%)
Provides no real benefits	0 (0%)	4 (80%)	1 (20%)	0 (0%)	0 (0%)
Has never released clients	0 (0%)	4 (80%)	1 (20%)	0 (0%)	0 (0%)

About 80% all respondents disagreed that PSS duplicates services; is expensive to the community; provides no real benefits; and has never released clients to the community; and 20%

were undecided or had no opinion on those issues. Based on mean and the standard deviation values for these responses, respondents were in equal disagreement on issues of perceived weaknesses of the PSS residential services program.

Table 19

*Measures of Central Tendency and Variability for Perceived Weaknesses*

Benefits to the community	Mean	Standard Deviation
Duplicates services	2.20	0.447
Expensive to the community	2.20	0.447
Provides no real benefits	2.20	0.447
Has never released clients	2.20	0.447

*Observation checklist.* Employees were observed as they performed their routines, duties and tasks. The purpose of the observation was to determine whether planned activities were being implemented as planned, and whether unplanned activities taking place in the facility were required. Finally, the most important aspect of the observation was to determine whether correct procedures for planned and unplanned activities were being followed. For the 16 hours that employees were observed while performing their duties, 100% of the activities that took place were preplanned and proper procedures were followed 100% of the time. No unplanned activity took place within that time interval. Table 20 exhibits observation findings.



## Chapter V: Summary, Conclusions and Recommendations

This study was conducted to gather information about the PSS Residential Services Program from program clients, employees, and community members that would aid program managers and stakeholders in determining whether the program was meeting its stated objectives and goals. The information would also aid in repositioning the program to the needs of the clients. This chapter presents the summary, conclusions and recommendations of this study.

### *Summary*

The purpose of the study was to evaluate the effectiveness of the PSS services program in preparing individuals with disabilities for independent living and to determine whether the program was meeting its stated objectives.

### *Restatement of the Problem*

The Residential Services Program for adults and children at the PSS was designed to maximize independence, productivity and leadership potential of individuals with disabilities and then integrate them into their respective communities. Since its inception in 2001, the program has not been evaluated to determine its effectiveness in terms of whether it is meeting its stated objectives.

### *Methods and Procedures*

Since the focus of the study was to evaluate the PSS Residential Services Program, this researcher sought and obtained the list of program clients, employees, and community leaders. This list was obtained from the PSS management. The list had a total of 31 names.

Three survey instruments and an observation checklist were designed to gather information about the program from program participants and employees regarding their opinions, experiences, and perceptions. The survey instruments sought information about the

program from clients, employees, and community leaders. Though there were three different survey instruments, each targeted a different group of respondents; the overall objective was to determine whether the program was meeting its stated objectives and goals, and whether correct procedures were being employed in implementing the program. While the survey instruments were generally designed to address the major aspects of the program, responses to some of the survey questions were intended to address specific research questions.

Responses to the client survey instrument questions 2 and 5; employee survey instrument questions 2, 3, and 4; and community leader survey instrument question 2 were designed to address the first research question – Is the program meeting its stated objectives? These questions sought information regarding client satisfaction levels; academic and professional qualifications of employees and their job duties; and perceptions of community leaders regarding benefits of the program to the community.

Responses to questions 3 and 4 of the client survey instrument; question 5 of the employee survey instrument; and question 3 of the community leader survey instrument were designed to address the second research question – What are the strengths and weaknesses of the program? These question sought information regarding functional capabilities of clients and their personal experiences in the program; and the perceived weaknesses of the program.

The third research question – What are the satisfaction levels of the program participants? This question was addressed by responses to questions 2 and 5 from the client survey instrument. The survey questions south information regarding client satisfaction levels and their overall psychological and physical fitness relative to one year ago.

Responses to client survey instrument question 4; and employee survey instrument question 4; were intended to address the fourth research question – Does the program provide a

variety of services and activities that allowed participants to choose services and/or activities of their preference? These survey questions sought information regarding services offered by the program, employee responsibilities, and experiences of clients. Besides physical observation of the facility and employees' duty roster, responses to the employee survey instrument questions 2 and 5 addressed the fifth research question – Is the facility adequately staffed? These survey questions sought information regarding employees' qualifications, their duties, and quality of services provided.

The sixth research question 6 – Are family members encouraged to visit? – was addressed by responses to the client survey instrument question 4. The seventh research question – Are staff members courteous to residents? Besides physical observation of employees in action by the researcher, this question was also addressed by responses to the client survey instrument question 2; and the employee survey instrument question 4. These survey questions sought information about client satisfaction levels and what job duties employees performed and how they performed those duties.

The eighth research question – Does management respond to concerns raised by clients? This question was addressed by responses to client survey instrument questions 2 and 4; and employee survey instrument question 3, and 4. This group of questions addressed the well being of clients and quality of services provided by the program.

#### *Population Selection*

A list of participants was obtained from PSS management. This list consisted of individuals who were currently enrolled in the PSS residential services program, program employees, and community leaders. There were only 31 people on this list, so they constituted the sample population for the study.



### *Procedures*

Three different survey instruments and an observation checklist were designed to gather information from program participants, employees, and community leaders about the PSS independent living program. These were the client survey instrument; the employee survey instrument; and the community leader survey instrument. The cover letter, the survey instruments, and chapter one of the study were submitted to the IRB office for approval. When the approval was granted, the survey instruments and the cover letter were mailed to PSS management to administer to the potential participants. Of the 31 potential respondents, 29 completed and returned their questionnaires and two did not. Based on that population and the number of apprentices who completed and returned the survey instrument, the rate of return for the survey was 93.5% of the total potential respondents. After the survey instrument was administered, employees were observed in action by the researcher for a total of 16 hours.

### *Conclusions*

In total, eight research questions were addressed in this study. Each question is briefly discussed below with its findings.

*The first research question.* Is the program meeting its stated objectives? This question was answered by responses to the client survey instrument questions 3 and 4. These survey questions sought information relating to client-respondents' functional capabilities and personal experiences with the program. About 100 % of all client-respondents agreed or strongly agreed that they could engage others in meaningful discussions; 100% agreed or strongly agreed that they could use telephone without assistance from a counselor; 93% agreed or strongly agreed that they were able to search for work without assistance. On average 93% of the total client-

respondents agreed or strongly agreed that they were capable of performing each of the key activity limitation factors.

Regarding their personal experiences in the program, 93-100% of all respondents agreed or strongly agreed they were satisfied with the quality of all services provided except shopping/groceries and sewing/mending. About 86.6% of the total respondents agreed or strongly agreed they were satisfied with the quality of shopping/groceries; and 86.6% agreed/strongly agreed they were satisfied with the quality of sewing/mending provided.

*The second research question.* What are the strengths and weaknesses of the program?

This research question was addressed by responses to employee survey instrument question 5 and the community leader survey instrument question 3. About 88.9% of all employee-respondents were undecided on whether the program needed more activity services; more life satisfying services; or more personalized services; and about 11.1% disagreed that the program needed those services. As to whether the program needed more qualified employees, 44.4% agreed/strongly agreed that the program needed more qualified employees and 55.6% were undecided on the matter. On the other hand, 80% all community leader-respondents disagreed that PSS was duplicating services; was expensive to the community; provided no real benefits; and had never released any clients to the community. Only 20% of the community leader-respondents were undecided or had no opinion on those issues.

*The third research question.* What are the satisfaction levels of program participants?

This question was addressed by responses to client survey instrument questions 2, and 5. About 100 % of all client-respondents agreed or strongly agreed they were now more physically active as compared to their physical situation prior to enrollment in the program; 93.3% agreed or strongly agreed that they were psychologically secured; 93.3 % agreed or strongly agreed that

there was always someone available to help when there was need; 80% percent agreed or strongly agreed that their ability to deal with daily living had either improved or was improving; and 79.9% agreed or strongly agreed that they were satisfied with the way things were going. Comparing their psychological and physical conceptions now to one year ago, 100% of all client-respondents said they felt both psychologically and physically better than they did one year ago.

*The fourth research question.* Does the program provide a variety of services and activities that allow participants to choose services and activities of their preferences? This research question was answered by responses to client survey instrument question 4 and employee survey instrument question 4. These survey questions sought information relating to the menu of services/activities available to clients. Table 5 exhibits the menu of services and activities offered by the program and the frequency by which those services/activities were offered or performed. The most frequently offered or performed services or activities were: Home management and bill payment; Meal preparation and delivery; Shopping and grocery; Counseling and medication; and Laundry and ironing. The least performed services/activities were: Family meetings; Telephone assistance; Errands and companionship; Job skills and employment information; Independent living and skill training; and Leisure/recreation.

*The fifth research question.* Is the Facility adequately staffed? This research question was answered by responses to the employee survey question 2 and researcher observations. This survey question sought information about employees' academic and professional qualifications. The facility had a total of 9 employees. Of those, 66.67% indicated their highest academic qualification was a high school diploma/ GED, while 33.3% had two-year college degrees.

*The sixth research question.* Are family members encouraged to visit: This question was answered by responses to the client survey instrument question 4. This survey question sought information relating to meetings between clients and their families. About 100% of all respondents agreed or strongly agreed that they were satisfied with quality of services with respect to family meetings.

*The seventh research question.* Are staff members courteous to residents? This research question was addressed by the researcher observation of employees in action. For the 16 hours that employees were observed, they were very courteous in dealing with clients.

*The eighth research question.* Does management respond to concerns raised by clients: This research question was addressed by client survey instrument question 2 and employee survey instrument question 3. These questions sought information regarding employee's duties and how clients concerns were being handled. About 22.2% employee respondents were overnight asleep workers while 77.8% were counselors. There were no program coordinators. About 100% of all client-respondents agreed or strongly agreed that there was always someone available to help when there was need.

Overall, the findings of the study suggest that, respondents of all categories perceived the PSS Residential Services Program as meeting its stated objectives and goals; therefore, they were sufficiently satisfied with their experiences and roles in the program. Though respondents were generally satisfied with the program, employee-respondents felt that the program needed more qualified employees. And a good number of client-respondents were not satisfied with the way things were going.

### *Recommendations*

Based on responses and comments of the respondents and the overall findings of the study, the following recommendations are given:

1. Continuous program and process improvement should be made to the program to ensure that the program is up-to-date from a technical standpoint;
2. Though the program is being implemented as planned, about 88.9% of all employee-respondents were undecided on whether the program needed more activity services; more life satisfying services; and more personalized services. A fellow-up study should be conducted to determine why a high number of employees were undecided on these issues and their concern should be addressed;
3. About 44.4% of all employee respondents agreed or strongly agreed that the program needed more qualified employees, and 55.6% were undecided on the issue. This matter should be addressed to ensure that the appropriate client-employee ratio is maintained on all shifts; and
4. About 20% of all client-respondents were either undecided or dissatisfied with the way things were going. A secondary study should be conducted to determine exactly the specific ways clients were dissatisfied with. Once these areas of specific concerns are identified, they should be properly addressed by management.

### *Recommendations for Further Study*

The following recommendations for further study are given:

1. Replicate this study a few years after the recommendations suggested above have been implemented; and

2. Conduct a study that determines what exactly needs to be on clients' services and activities menu.

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## Appendix A

### Survey Instruments

Evaluation of PSS Center for Independent Living Program  
Client Survey Instrument

**Directions:**  
*Read each question carefully before selecting the answer that is most applicable in your situation*

**Demographic Section**

1. What is your age? (*Check one*)
- ☐ (1) category 25 or younger
  - ☐ (2) 26-30
  - ☐ (3) 31-35
  - ☐ (4) 36-40
  - ☐ (5) 41-45
  - ☐ (6) 46-50
  - ☐ (7) 51 or older

**Life Satisfaction Section**

*Rate the following statements* according to how you are satisfied with the PSS program  
*SD = Strongly Disagree D = Disagree U = Undecided A = Agree SA = Strongly Agree*

2. Your satisfaction level with the PSS program	Rating				
a. I am satisfied with the way things are going	SD	D	U	A	SA
b. My ability to deal with daily living is improving/has improved	SD	D	U	A	SA
c. There is always someone available to help when there is need	SD	D	U	A	SA
d. I feel psychologically secured	SD	D	U	A	SA
e. I am now physically active	SD	D	U	A	SA
f. Other _____	SD	D	U	A	SA

**Activity Limitation Section**

*Rate each of the following statements* according to your functional capabilities  
*SD = Strongly Disagree D = Disagree U = Undecided A = Agree SA = Strongly Agree*

3. I can perform the following functions without assistance	Rating				
a. Engage others in a meaningful discussion	SD	D	U	A	SA
b. Drive efficiently	SD	D	U	A	SA
c. Use public transportation	SD	D	U	A	SA
d. Use telephone	SD	D	U	A	SA
e. Manage my money	SD	D	U	A	SA
f. Shop for personal items	SD	D	U	A	SA
g. Search for work	SD	D	U	A	SA
h. Shave and brush my mouth when necessary	SD	D	U	A	SA
i. Get into or out of bed as need raises	SD	D	U	A	SA
k. Bathe or shower as need arises	SD	D	U	A	SA
l. Get to the toilet and use it	SD	D	U	A	SA

Personal Experiences

Rate according to your perception of quality of these of services

SD = Strongly Disagree D = Disagree U = Undecided A = Agree SA = Strongly Agree

4. I am satisfied with the quality of these services		Rating				
a.	Independent skill training	SD	D	U	A	SA
b.	Meal preparation and delivery	SD	D	U	A	SA
c.	Personal care	SD	D	U	A	SA
d.	Counseling and medication	SD	D	U	A	SA
e.	Laundry and ironing	SD	D	U	A	SA
f.	Shopping/groceries	SD	D	U	A	SA
g.	Leisure and recreation activities	SD	D	U	A	SA
h.	Transportation	SD	D	U	A	SA
i.	Information services	SD	D	U	A	SA
J.	Sewing/mending	SD	D	U	A	SA
k.	Letter writing	SD	D	U	A	SA
l.	Housekeeping	SD	D	U	A	SA
m	Telephone Assistance	SD	D	U	A	SA
n	Home management & bill payment	SD	D	U	A	SA
o	Errands/Companionship	SD	D	U	A	SA
p	Bible Studies/ Church	SD	D	U	A	SA
r	Family Meetings	SD	D	U	A	SA
s	Peer support	SD	D	U	A	SA

- 5). Overall, do you feel psychologically and physically better than you felt one-year ago? (*Check one*)
- \_\_\_\_\_ (1) Better than one-year ago
  - \_\_\_\_\_ (2) Same as one-year ago
  - \_\_\_\_\_ (3) Worse than one-year ago
  - \_\_\_\_\_ (4) Undecided

Thanks you for participating in this evaluation exercise

**PSS Center for Independent Living:  
Evaluation of Residential Services program  
Employee Survey Instrument**

**Directions:**

*Read each question carefully before selecting the answer that is most applicable in your situation*

**Demographic Section**

**1. What is your age category? (Check one)**

- ☐ (1) 25 or younger
- ☐ (2) 26-30
- ☐ (3) 31-35
- ☐ (4) 36-40
- ☐ (5) 41-45
- ☐ (6) 46-50
- ☐ (7) 51 or older

**2. What is your highest professional and/or academic qualification? (Check one)**

- ☐ (1) High School diploma or its equivalence
- ☐ (2) Two-year college degree or its equivalence
- ☐ (3) Four-year college degree or its equivalence
- ☐ (4) Registered Nurse (RN/LPN)
- ☐ (5) Masters Degree
- ☐ (7) Other \_\_\_\_\_

**3. What is your job title in the PSS organization? (Check one)**

- ☐ (1) Overnight asleep
- ☐ (2) Overnight awake
- ☐ (2) Counselor
- ☐ (3) Program Coordinator
- ☐ (4) Nurse
- ☐ (5) Other \_\_\_\_\_

**4. What are your job duties at the PSS residential independent living program?  
(Check all that may apply)**

- ☐ (1) Independent living skills training
- ☐ (2) Meal preparation and delivery
- ☐ (3) Personal care (bathing, brushing, shaving etc)
- ☐ (4) Counseling and medication
- ☐ (5) Help in laundry and ironing
- ☐ (6) Shopping/groceries
- ☐ (7) Leisure and recreation activities
- ☐ (8) Job skills/employment information
- ☐ (9) House-keeping
- ☐ (10) Telephone assistance
- ☐ (11) Home management and bill payments
- ☐ (12) Errands/companionship
- ☐ (13) Family meetings
- ☐ (14) Other \_\_\_\_\_

**Rate according to your perception of strengths and weaknesses of the program**  
*SD = Strongly Disagree D = Disagree U = Undecided A = Agree SA = Strongly Agree*

5.	Strengths and Weaknesses	Rating				
a.	Needs more activity services	SD	D	U	A	SA
b.	Needs more life satisfaction services	SD	D	U	A	SA
c.	Needs more personalized services	SD	D	U	A	SA
d.	Needs more qualified employees	SD	D	U	A	SA
f.	Other _____	SD	D	U	A	SA

6. How would you rate the overall quality of services provided by your co-workers? *(Check one)*
- \_\_\_\_\_ (1) Exceeds Industry Standard
  - \_\_\_\_\_ (2) Meets Industry Standard
  - \_\_\_\_\_ (4) Below Industry Standard
  - \_\_\_\_\_ (5) Undecided

**Thanks you for participating in this evaluation exercise**

PSS Center for Independent Living:  
Evaluation of Residential Services program  
Community Leader Survey Instrument

**Directions:**  
*Read each question carefully before selecting the answer that is most applicable in your situation*

**Demographic Section**

1. What is your age category? *(Check one)*
- ☐ (1) 25 or younger
  - ☐ (2) 26-30
  - ☐ (3) 31-35
  - ☐ (4) 36-40
  - ☐ (5) 41-45
  - ☐ (6) 46-51
  - ☐ (7) 55 or older

**Rate according to your perception of how PSS benefits the community**  
*SD = Strongly Disagree D = Disagree U = Undecided A = Agree SA = Strongly Agree*

2.	PSS benefits to the community	Rating				
a.	It fills the gaps in supports to people in the community	SD	D	U	A	SA
b.	It provides services to people who need them	SD	D	U	A	SA
c.	It contributes to the well being of the community	SD	D	U	A	SA
d.	It trains individuals to live independently in the community	SD	D	U	A	SA
e.	It saves money the community would have spent on services	SD	D	U	A	SA
f.	It provides employment to community members	SD	D	U	A	SA
g.	Other _____	SD	D	U	A	SA

**Rate according to your perception of how PSS weaknesses**  
*SD = Strongly Disagree D = Disagree U = Undecided A = Agree SA = Strongly Agree*

3.	PSS weaknesses	Rating				
a.	Duplicates services that already exist	SD	D	U	A	SA
b.	Expensive to the community	SD	D	U	A	SA
c.	Provides no real benefits to the community	SD	D	U	A	SA
d.	Has never released clients to the community	SD	D	U	A	SA
f.	Other _____	SD	D	U	A	SA

**Thanks you for participating in this evaluation exercise**

**PSS Center for Independent Living:  
Evaluation of Residential Services program  
Observation Checklist**

**Direction:**

Check whether planned activities are taking place as planned, and whether unplanned activities taking place are required. In each case, check whether correct procedures are being followed.

Program activity	Planned Activity		Unplanned Activity			
	Taking place as planned?		Required Activity?		Procedures followed?	
	Yes	No	Yes	No	Yes	No
1. Skill training						
2. Meal preparation						
3. Personal care						
4. Counseling						
5. Medication						
6. Laundry						
7. Shopping/groceries						
8. Recreation activities						
9. Bathing						
10. Shaving						
11. Housekeeping						
12. Telephone Assistance						
13. Bill payment						
14. Errands/Companionship						
15. Family Meetings						



## Appendix B

Cover Letter

IRB Approval

University of Wisconsin-Stout  
Menomonie, Wisconsin 54751-0790

May 14, 2008

Dear Respondent,

You are being asked to participate in a study conducted through the University of Wisconsin-Stout. This study is being conducted to gather information that can be used to evaluate and improve the residential services of the PSS Center for Independent Living. This data is also being used for a Masters thesis in Training and Development.

For this study to be effective and meaningful, relevant information is required for decision making; for that reason, this survey instrument is purposefully concise to minimize the time required to complete the questionnaire by simply circling or checking appropriate responses.

You will remain anonymous and your responses confidential. Your participation in this study is entirely voluntarily; you may decline to participate right from the onset or withdraw your participation in the course of the study if you elect to do so. Your refusal to participate will have no effect on any future services you may be entitled to from the University. If you have any questions regarding the conduct of the study or questions pertaining to your rights as a research subject, or research related injury, you are free to bring your concerns to the attention of the researcher at (612) 227-8951 or the research advisor Dr. Kat Lui at (715) 232-5634 or Sue Foxwell, Administrator, UW-Stout Institutional Review Board for Protection of Human Subjects, 152 Voc Rehab, Phone (715) 232-1126.

Sincerely,

Ralph Karl  
Researcher

Dr. Kat Lui  
Research Advisor

**Date:** March 21, 2008  
**To:** Ralph Karl  
**Cc:** Kat Lui  
**From:** Sue Foxwell, Research Administrator and Human  
Protections Administrator, UW-Stout Institutional  
Review Board for the Protection of Human  
Subjects in Research (IRB)  
**Subject:** **Protection of Human Subjects**

After review of your project, "*PSS Center for Independent Living: Evaluation of the Residential Services Program*," I concur that your protocol is **not defined as research** as defined by Federal regulations. Therefore, your project does not need further review and approval of the Institutional Review Board (IRB) for the Protection of Human Subjects.

This project has been reviewed by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46
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Thank you for your cooperation with the IRB and best wishes with your project.

**\*NOTE: This is the only notice you will receive – no paper copy will be sent.**

SF: kf